

# INSTRUCTIONS FOR COMPLETING DMC FORMS FOR

## ODF GROUP – ALCOHOL AND DRUG

The **EXCEL filename on the FY 2000-01 Cost Report Forms diskette for these three documents is “ODF Group – Alcohol and Drug”**. However, a separate worksheet has been created for each document within the file. The worksheets are “7895ODFG-AD”, “7990ODFG-AD”, and “ODFGFUND-AD”. **Do not enter information in the cells where a “0” is located; these areas will be automatically calculated.**

The first worksheet to complete is “7895ODFG-AD” followed by “7990ODFG-AD”, and then finally “ODFGFUND-AD” (applicable only if the program has both NNA and DMC funding).

### Worksheet “7895ODFG-AD” – Page 1

- HEADING: Enter the County Name, Contractor, Contract Period, Date Prepared, and Medi-Cal 4-digit Provider Number, and the CADDs 6-digit Provider Number. This information will be automatically transferred to Page 2 of this worksheet as well as worksheets “7990ODFG-AD” and “ODFGFUND-AD”.
- LINES H and I: For each line, enter the total amount applicable to each cost center (Private Pay, Medi-Cal and/or NNA/Public).
- LINES J1 thru J8: Enter the total of the funding sources listed for each cost center. For county-operated programs, enter all funding sources in the appropriate line.
- LINES K thru K3: Enter the total amounts applicable to each cost center.
- LINE M: Enter the number of regular clients (excluding Minor Consent clients) that received ODF Group Counseling services in the applicable column.
- LINE P: Enter the number of Minor Consent clients that received ODF Group Counseling services in the applicable column.
- LINE Q1: In Column C, Medi-Cal, enter the number of denied or unallowable DMC units. In Column D, NNA/Public Funded, enter that same number. This transfers the denied/unallowable DMC units from DMC to NNA.
- LINE R: For each column, enter the total number of Group Sessions.
- LINE S: For Private Pay and NNA/Public Funded, enter the total number of staff hours (available staff hours to provide the services).

## **Worksheet “7895ODFG-AD” – Page 2**

**EXPENSES:** For each line expense, enter the total cost to each applicable cost center. Remember, do not enter information in the cells where a “0” is located.

**INDIRECT COSTS:** Enter the Indirect Cost for each applicable cost center

**DMC ADMIN.** Under the Medi-Cal column, enter the total amount of Drug Medi-Cal County administration.

**DIRECT COSTS:** Enter the total Direct Costs associated with NNA and DMC (this is only applicable if both funding sources are identified).

Again, the numbers you enter on Page 2 will automatically roll forward to Page 1 of this worksheet and/or worksheets “7990ODFG-AD” and “ODFGFUND-AD”.

## **Worksheet 7990ODFG-AD**

**LINE 04:** The Statewide Maximum Allowable (SMA) Rate of \$30.60 is identified. However, if the Prorated Rate is less than the SMA, then enter in the Prorated Rate. To determine the Prorated Rate, use the following calculations:

\_\_\_\_\_ (Total Group Session Minutes) divided by \_\_\_\_\_ (Total Number of Group Sessions) divided by 90 (Required Time Identified for Group Counseling) multiplied by \$30.60 (SMA Rate) equals \$\_\_\_\_\_ (Prorated Rate).

**LINE 04a:** For the reporting period July thru September, enter the number of total units submitted for reimbursement (excluding Minor Consent), the number of those units that were denied, and finally, the number of those units that were adjusted or erroneously billed.

**LINE 04b:** For the reporting period October thru June, enter the number of total units submitted for reimbursement (excluding Minor Consent), the number of those units that were denied, and finally, the number of those units that were adjusted or erroneously billed.

**LINE 04c1:** For the reporting period July thru September, enter the number of total units submitted for reimbursement for MINOR CONSENT WITH A 7N AID CODE, the number of those units that were denied, and finally, the number of those units that were adjusted or erroneously billed.

- LINE 04c2: For the reporting period October thru June, enter the number of total units submitted for reimbursement for MINOR CONSENT WITH A 7N AID CODE, the number of those units that were denied, and finally, the number of those units that were adjusted or erroneously billed.
- LINE 04c3: For the reporting period July thru June, enter the number of total units submitted for reimbursement for MINOR CONSENT WITH A NON-7N AID CODE, the number of those units that were denied, and finally, the number of those units that were adjusted or erroneously billed.
- LINE 05: Enter the number of beginning NNA units under the column identified as "Beginning NNA Unit". This will ensure that the Denied and Unallowable DMC units and associated costs are shifted to NNA.
- LINE 15: In the light blue shaded area, enter the total amount of Revenue/Fees (Share of Cost).

#### **Worksheet "ODFGFUND-AD"**

This worksheet is only required if the DMC component has both NNA and DMC funding sources.

Based on information enter on worksheets "7895ODFG-AD" and "7990ODFG-AD", the calculations have all been identified as to the total funding belonging in which funding source. The allowable DMC reimbursable amounts and the Share of Cost amounts have been rolled forward from worksheet "7990ODFG-AD".

Under the NNA and DMC amount columns, enter the appropriate funding information. Based on the funding information entered, an edit may appear to the right regarding SAPT funding, NNA funding, and/or DMC funding. These edits will identify how much funding must be shifted from one area to another.

Once the edits have been eliminated and all three "OKAY" messages appear, then the funding and unit information is to be placed in the cost report (Paradox diskette).

\*If the total amounts match the Funding Needed amounts for each column and an "Error" message appears, this is due to rounding and this is acceptable.

Filename: G:\GROUPS2\WEB\InterNET\IN PROGRESS\BULLETINS\01-20\01-20 - Exhibit K - ODFG-AD INSTRUCTIONS.doc